

18  
0-230

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	10		69-28-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	H.L	1079	10/22/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/6
2	✓	✓	12/6
3	✓	✓	12/6
4	✓	✓	12/6
5	✓	✓	12/6
6	✓	✓	12/6
7	✓	✓	12/6
8	✓	✓	12/6
9	✓	✓	12/6
10	✓	✓	12/6
11	✓	✓	12/6
12	✓	✓	12/6
13	✓	✓	12/6
14	✓	✓	12/6
15	✓	✓	12/6
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17	✓	✓	12/6
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet her

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10/22  
10/18/01